

CHANGE OF RECORD FORM

COMPLETE ONE SECTION OF THIS FORM ONLY

SECTION #1- Adding a Trade Name To An Individual License

- Your plastic license card must be returned with this completed form.
- In order to receive a corrected license card, a \$15.00 fee must be submitted.

Check One:

☐ **Louisiana Resident**

Residents must submit a certificate from the Secretary of State's office showing the addition of the trade name.

☐ **Non-Residents**

Non-Residents must submit a letter of certification from their home state showing the addition of the trade name.

I presently hold license # _____ issued in the following name: _____.

I am the sole owner of the agency listed below and wish to have my license record amended to indicate that I am authorized to use this **TRADE NAME**.

Print new Trade Name _____

Signature of Owner _____

Street Address or P.O. Box _____

City _____

State _____

Zip _____

Date _____

20 _____

SECTION #2 – Name Change For an Individual License Only

- All individuals requesting a name change must provide legal documentation that shows the name has been changed (a copy of your driver's license is acceptable)
- Your plastic license card or a signed statement, indicating that the license has been lost, must be submitted with this completed form.
- A \$15.00 fee is required to receive a corrected license card.

I presently hold license # _____ issued in the following name _____.

I have changed my name to _____.

My current address is _____.

Street Address or P.O. Box _____

City _____

State _____

Zip _____

Signature of Individual Changing Name _____

Date _____

20 _____

SECTION #3 – Name Change for a Partnership/Corporation

- The partnership/corporation's plastic license card or a signed statement, indicating that the card has been lost, must be returned with this completed form.
- A \$15.00 fee is required to receive a corrected license card.

Check One:

☐ **Louisiana Resident**

Louisiana Partnerships/Corporations must file an amendment to their charter with the Louisiana Secretary of State. A copy of the amended charter must be submitted with this completed form.

☐ **Non-Residents**

Non-Resident Partnerships/Corporations must submit a Certificate of License Status from their domiciliary state that indicates the name change has been recorded in that state.

License # _____ is currently issued in the following name: _____.

The new name of our Partnership/Corporation is: _____.

Partnerships/Corporations current address: _____

Street Address or P.O. Box

City

State

Zip

20

Signature of Licensed Member

Date

SECTION #4 – Addition and Deletion of Members for a Partnership/Corporation

- All active members of your Partnership/Corporation must be listed with The Louisiana Department of Insurance even if they do not hold an individual Louisiana agents license.
- Please complete the entire section. If the member does not own financial interest, please indicate N/A.

Name of Corporation: _____ License #: _____

Addition of Members – New and Active Members of the Partnership/Corporation

Name of Member	Position	License #	Social Security #	Financial %

Deletion of Members – Members No Longer Affiliated With the Partnership/Corporation

Name of Member	Position	License #	Social Security #	Financial %

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Signature of Licensed Member

Date